

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769607** (3)
1. Corporation Name
COUNTRY LANE CONDOMINIUM NO.1 ASSOCIATION, INC.



Principal Place of Business 12079 SW 131ST AVE. MIAMI FL 33186 US	Mailing Address 12079 SW 131ST AVE. MIAMI FL 33186-6475 US
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2. Principal Place of Business 21 Miami Management, Inc., Suite, Apt. #, etc. 22 14275 SW 142 Avenue City & State 23 Miami FL Zip 24 33186	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/28/1983	3a. Date of Last Report 04/04/1996
		4. FEI Number 59-0240803	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MICHAEL HYMAN, HYMAN & KAPLAN 44 WEST FLAGLER 4TH FLOOR MIAMI FL 33130	10. Name and Address of New Registered Agent 81 Name Syger, Oscar 82 Street Address (P.O. Box Number is Not Acceptable) 155 S. Miami Avenue 83 PH -1 84 City Miami FL 85 Zip Code 33130
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I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **JULY 7, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINCOSES, JANETTE 1700 NW 67 AVE., #118 MIAMI FL 33015 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLEN, JACK 17000 NW 67 AVE #313 MIAMI FL 33015 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/87D Salinas, Adriana 17000 NW 67th Avenue #412 Miami FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, COLLEEN 17000 NW 67 AVE #302 MIAMI FL 33015 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, COLLEEN 17000 NW 67 AVE., #301 MIAMI FL 33015 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD Plasencia, Belgrabe 17000 NW 67th Avenue #117 Miami FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOCH, EDDIE 17000 NW 67 AVE., #109 MIAMI FL 33015 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE **7-12-97** **534-4122**

CR2E037 (9/96)